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Country programme outline for Botswana*

Proposed UNFPA assistance:	$5 million: $1.2 million from regular resources and $3.8 million through co-financing modalities and/or other, including regular, resources
Programme period	5 years (2003-2007)
Cycle of assistance	Fourth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.5	3.2	3.7
Population and development strategies	0.3	0.6	0.9
Programme coordination and assistance	0.4	-	0.4
Total	1.2	3.8	5.0

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. Botswana has made significant progress in relation to the goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals. Reproductive health services are widely available and free of charge. The contraceptive prevalence rate is 48 per cent. Adult female literacy is 76.9 per cent and the proportion of girls attending primary school is 86 per cent. Other indicators, however, are of serious concern to the Government, including the proportion of the population living below the poverty line, which is estimated to be 47 per cent; the high maternal mortality rate (330 per 100,000); the teenage pregnancy rate (17 per cent of births); and the HIV/AIDS epidemic. As a result, the gains of prior years are at risk of being reversed. Environmental degradation is an additional area of concern.

2. The main objective of the national population policy, adopted in 1997, is to improve the quality of life of the people. However, the capacity to implement, coordinate and monitor population-related policies and programmes at the national and district levels is limited and has adversely affected the implementation process.

3. The results of the 2001 population and housing census indicate an increase in the population from 1.3 million in 1991 to 1.7 million in 2001, growing at an annual intercensal rate of 2.4 per cent. This is significantly lower than the growth rate of 3.4 per cent for the period 1981-1991.

4. Botswana has one of the highest HIV/AIDS prevalence rates in the world. Approximately 19 per cent of the general population and 38.5 per cent of the sexually active population were estimated to be HIV seropositive in 2001. The epidemic is posing unprecedented social and economic challenges. For example, life expectancy at birth has fallen significantly – from 65 years in 1991 to 56.7 years in 2001. This trend is projected to continue, and will affect households through the loss of breadwinners and leave increased numbers of orphans.

5. The Government is responding urgently to the HIV/AIDS pandemic. Government expenditure on health has risen by 32 per cent in the financial year 2000/2001 and the Government has made efforts to secure adequate human resources to implement the HIV/AIDS prevention programme. Although the economy of Botswana is one of the strongest in the region, it is considered fragile due to its heavy dependence on one product (diamonds) and the adverse effects of the HIV/AIDS epidemic. Increased donor support is required for HIV/AIDS prevention and support activities as well as for other population and development programmes.

II. Past cooperation and lessons learned

6. Cooperation between UNFPA and Botswana began in 1971. Previous programmes focused primarily on data collection and capacity-building and on strengthening maternal and child health and family planning programmes. The last two country programmes have given more attention to policy formulation and implementation.

7. In the area of population and development strategies, UNFPA assistance has enabled Botswana to formulate a national population policy and to establish and strengthen the national council on population and development. Furthermore, the country was able to set up population-related institutions in sectoral ministries. UNFPA also assisted in the publication of the population policy implementation plan of action.

8. In the area of reproductive health, UNFPA assistance has helped to: (a) establish multisectoral institutions to oversee programme development activities; (b) develop the national sexual and reproductive health programme, its implementation plan and supporting documents and frameworks; (c) provide orientation, training and capacity-building for sexual and reproductive health programme managers, service providers, non-governmental organizations (NGOs) and political leaders; and (d) train peer educators and provide exposure to youth on sexual and reproductive health issues. With support from the Bill and Melinda Gates Foundation, UNFPA and its NGO partners are continuing HIV/AIDS prevention activities for young people, balancing such efforts with support for high-quality family planning services.

9. A number of lessons have been learned from previous programmes: (a) the establishment of multisectoral institutions is important for programme implementation as well as for national ownership and commitment by stakeholders; (b) technical support is an important factor in programme delivery, especially in HIV/AIDS prevention and care activities; and (c) mechanisms that provide regular feedback are important tools in focusing national and international attention on the challenges of programme implementation.

10. The dearth of trained personnel, particularly at the district level, has hampered policy and programme implementation. Other constraints include the instability of funding and the changing priorities of international partners.

11. UNFPA has collaborated with other United Nations agencies, including UNDP, the World Health Organization, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund, the United Nations High Commissioner for Refugees, the International Labour Organization and many of the multilateral and bilateral donors. This collaboration will continue during the new country programme.

III. Proposed programme

12. The goal of the proposed programme is to support the implementation of the national population policy in reducing poverty, improving the quality of life and preventing HIV/AIDS transmission. The proposed programme is in accordance with ICPD principles and will contribute to the goal of the United Nations Development Assistance Framework (UNDAF) for Botswana. Within UNDAF, UNFPA has identified the following areas of support: (a) mainstreaming population issues into development planning; (b) strengthening national institutions for effective coordination, monitoring and evaluation of population programmes; and (c) promoting a comprehensive, multisectoral reproductive health programme.

13. There will be two subprogrammes – one in population and development strategies and the other in reproductive health. Advocacy, gender and HIV/AIDS issues will be mainstreamed in the two subprogrammes. Advocacy strategies and campaigns will be developed using sociocultural research findings. Both modern and traditional media organizations will be employed for advocacy activities.

Population and development strategies subprogramme

14. The outcome of the population and development strategies subprogramme is to contribute to the integration of population, gender and HIV/AIDS concerns in national and district development plans and programmes.

15. The outputs of the subprogramme include: (a) strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels; (b) improved data collection and analysis, additional research on population and dissemination of results; (c) strengthened capacity of selected national institutions to deal with population, gender and HIV/AIDS; and (d) enhanced advocacy on population, gender, HIV/AIDS and environmental concerns.

16. In order to achieve the above-mentioned outputs, the following strategies have been identified: (a) strengthening institutional and human resource capacities at the national and district levels to implement and sustain programme activities; (b) promoting social mobilization activities to achieve a conducive environment in which to implement the national population policy; (c) strengthening information, education and communication activities for behaviour change in population, HIV/AIDS, gender and environmental issues; (d) strengthening the use of a population database; (e) promoting, reinforcing and coordinating partnerships among the Government, civil society and other external partners; (f) promoting a multisectoral approach by strengthening institutional linkages and identifying individual and collaborative partner responsibilities in HIV/AIDS, gender and the environment; and (g) providing the required technical assistance as an integral component of support.

Reproductive health subprogramme

17. The outcome of the reproductive health subprogramme is to contribute to the strengthening of an enabling environment for the adoption and practice of safe sexual and reproductive health behaviour, the prevention of HIV/AIDS and sexually transmitted infections, and for the increased utilization of comprehensive, high-quality, gender-sensitive and integrated sexual and reproductive health services.

18. The outputs of the reproductive health subprogramme in selected districts include the following: (a) strengthened institutional and human resource capacity at central and district levels for the effective delivery and management of the sexual and reproductive health programme; (b) improved access to high-quality sexual and reproductive health information and services; (c) increased male participation in sexual and reproductive health matters, especially in reducing HIV/AIDS prevalence and gender-based violence; and (d) enhanced advocacy, community mobilization and behaviour change communication campaigns in

support of sexual and reproductive health activities.

19. In order to achieve these outputs, the following strategies have been identified: (a) strengthen the capacity to manage and deliver the national sexual and reproductive health programme; (b) intensify advocacy and community mobilization campaigns; (c) expand peer education, life skills and counselling services for young people; (d) promote and support youth-friendly and gender-sensitive sexual and reproductive health services; (e) establish alliances, networks and coalitions among sexual and reproductive health stakeholders, especially those active in adolescent sexual and reproductive health and HIV/AIDS prevention; and (f) make reproductive health commodities available in all districts.

IV. Programme management, monitoring and evaluation

20. The proposed programme will be coordinated and implemented by the Ministry of Finance and Development Planning, in close partnership with other government entities, NGOs and the UNFPA country office. UNFPA headquarters and the UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

21. Monitoring and evaluation mechanisms will be harmonized with those of other United Nations agencies and UNDAF indicators will be taken into account. The programme will follow UNFPA procedures and guidelines. It will be results-based and will support capacity-building in results-based management for executing agencies. Field visits, annual subprogramme reports and annual reviews will be an integral part of monitoring activities. A midterm review and a final programme evaluation will be conducted in 2005 and 2007, respectively. The programme will utilize the lessons learned from these exercises to improve performance.

22. A resource mobilization strategy that is based partly on inter-agency initiatives will be developed to access increased resources from government sources and other development partners. A more effective advocacy strategy and dissemination of information on the work of UNFPA will be necessary.

23. The UNFPA country office in Botswana lacks sufficient staff. As part of the UNFPA realignment and efforts to strengthen field office capacity, additional staff will be recruited, including national project personnel, United Nations Volunteers and Junior Professional Officers. National consultants will also be utilized, as necessary.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR BOTSWANA

UNDAF Objectives:

- *to create an enabling environment for poverty reduction;*
- *to facilitate government efforts to improve livelihoods of the poor by improving basic social services;*
- *to improve national capacity for leadership, coordination, implementation, monitoring and evaluation of the multisectoral response (HIV/AIDS) at all levels and across sectors;*
- *to guide and support the design and delivery of participatory behaviour change and clinical interventions to prevent further transmission of HIV;*
- *to improve the availability and accessibility of strategic information, including best practices, policy documents, policy and programme-oriented research outputs and technical updates;*
- *to promote environmental education, awareness and commitment necessary to achieve sustainable development*

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To support the implementation of the national population policy in reducing poverty, improving the quality of life and preventing HIV/AIDS transmission	*[Population and development strategies subprogramme]* To contribute to the integration of population, gender and HIV/AIDS concerns in national and district development plans and programmes	• Increased utilization of data and analysis of population, HIV/AIDS and gender in national and district plans and programmes • Improved application of approved manuals, guidelines and regulations pertaining to population, HIV/AIDS and gender • Increased financial resources for population programmes	**Output 1: Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels** Output indicators: • National population policy document available in 60 per cent of districts • Functional monitoring and coordination mechanisms in place in 50 per cent of districts **Output 2: Improved data collection and analysis, additional research on population and dissemination of results** Output indicator: • Functional, disaggregated, sociodemographic database **Output 3: Strengthened capacity of selected national institutions to deal with population, gender and HIV/AIDS** Output indicator: • Increase the number of male and female leaders trained in gender issues by 75 per cent **Output 4: Enhanced advocacy on population, gender, HIV/AIDS and environmental concerns** Output indicators: • Increase the number of male and female leaders trained in gender issues, HIV/AIDS and the environment by 75 per cent • Increase the number of women's groups and associations working on gender sensitization and population and development issues by 75 per cent	$0.2 million $0.3 million $0.2 million $0.2 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Same as above	*[Reproductive health subprogramme]* To contribute to the strengthening of an enabling environment for the adoption and practice of safe sexual and reproductive health behaviour, the prevention of HIV/AIDS and sexually transmitted infections, and for the increased utilization of comprehensive, high-quality, gender-sensitive and integrated sexual and reproductive health services	• Age at first sexual encounter raised among young people (10-24 years) in selected districts by 2007 • Consistent use of condoms increased among young people (10-24 years) in selected districts by 2007 • Contraceptive prevalence rate increased in selected districts by 2007	**Output 1: Strengthened institutional and human resource capacity at central and district levels for the effective delivery and management of the sexual and reproductive health programme in selected districts** Output indicator: • Staff of 10 health institutions from 16 districts trained to provide high-quality reproductive health services based on a minimum package of services **Output 2: Improved access to high-quality sexual and reproductive health information and services in selected districts** Output indicators: • At least 75 per cent of health facilities provide at least three of the following reproductive health services: family planning; life skills; information, education and communication and counselling in adolescent sexual and reproductive health; and voluntary counselling and testing for HIV/AIDS • 60 per cent of the health facilities provide high-quality service based on norms and standards • 75 per cent of adolescents in intervention areas provide counselling services to both sexes on adolescent sexual and reproductive health and safe sex through family-life education clubs and student health facilities **Output 3: Increased male participation in sexual and reproductive health matters, especially in reducing HIV/AIDS prevalence and gender-based violence in selected districts** Output indicators: • At least 40 per cent of health facilities can respond to men's information needs on subjects related to reproductive health and HIV/AIDS • Male leaders trained in gender issues and sexual and reproductive health • A reduction of at least 10 per cent per year of violence against women and young girls **Output 4: Enhanced advocacy, community mobilization and behaviour change communication campaigns in support of sexual and reproductive health activities in selected districts** Output indicator: • All political leaders at national and district levels are trained in reproductive health, adolescent sexual and reproductive health, HIV/AIDS and gender issues.	$1 million $1.3 million $0.7 million $0.7 million Programme coordination and assistance: $0.4 million

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